PTO/SB/80 (01-06)

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I hereby appoint:						
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Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used):						
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Assignee Name and Address:						
C.H.I. Development Mgmt. Ltd. XIV, LLC 2711 Centerville Road, Suite 400						
Wilmington, Delaware 19808						
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A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or squivalent) is required to be						
A copy of this form, beginner with a satisfact which it is not a completed by one of the practitioners appointed in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee,						
and must identify the application in which this Power of Attorney is to be filed.						
SIGNATURE of Assignee of Record The individual vitoes signature and title is supplied below is authorized to act on behalf of the assignee						
Signature	WParken	mi	Date	1/	1/200	9
Name	Sheryi Parkinson		Telephor			
Title	Authorized Person for C.H.I. Development Mgmt. XIV, LLC					